



LEROY D. BACA, SHERIFF

**County of Los Angeles**  
**Sheriff's Department Headquarters**  
**4700 Ramona Boulevard**  
**Monterey Park, California 91754-2169**



January 31, 2006

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
Los Angeles, California 90012

Dear Supervisors:

**APPROVE AMENDMENT NO. 2 TO AGREEMENT NO. 74784 WITH DVA HEALTHCARE  
RENAL CARE, INC., FORMERLY KNOWN AS GAMBRO HEALTHCARE, INC.  
(ALL DISTRICTS) (3 VOTES)**

**IT IS RECOMMENDED THAT YOUR BOARD:**

Approve and instruct the Mayor, County of Los Angeles, to sign the attached Amendment No. 2 with DVA Healthcare Renal Care, Incorporated, to change contractor's name as a result of the acquisition of Gambro Healthcare, Inc., and its dialysis clinics, by DaVita Incorporated.

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

The purpose of this action is to change the name of the contractor as a result of the acquisition of Gambro Healthcare, Inc., and all of its dialysis treatment clinics in the United States, by DaVita Incorporated (DaVita), which became effective on October 1, 2005. DVA Healthcare Renal Care, Inc., a Nevada corporation, is a subsidiary of DaVita.

This action also changes the names of the contractor's project director and the project manager, as the contractor's original project director and project manager have been replaced with new personnel.

**Implementation of Strategic Plan Goals**

The continuation of the contractor's services to provide out-patient dialysis treatments to inmates with chronic renal failure supports the County's Strategic Goal for Service Excellence.

*A Tradition of Service*

**FISCAL IMPACT/FINANCING**

This action will not result in any change to the financing provisions of the agreement. The costs for treatments will remain the same, and the Sheriff's Department will continue to allocate necessary funds to pay for these services.

**FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

The Sheriff's Department is legally mandated to provide reasonable medical treatment services to inmates in custody. Under this agreement, the contractor provides out-patient dialysis treatments to inmates with chronic renal failure.

The agreement with Gambro Healthcare, Inc., was approved by your Board on March 16, 2004, for a term of one (1) year with option to extend for two (2) one-year periods effective April 1, 2004. The Department is currently in its first option year.

The acquisition of Gambro Healthcare, Inc., by DaVita does not change the physical locations of dialysis clinics, or the procedures and standards of care utilized by Gambro Healthcare, Inc., in providing out-patient dialysis treatments. Inmates will continue to receive dialysis treatments at the same Burbank facility.

County Counsel has reviewed and approved Amendment No. 2 as to form.

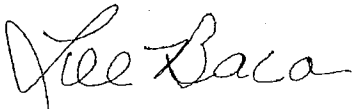
**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

There will be no negative impact on Sheriff's Department's operations and services.

**CONCLUSION**

Upon approval by your Board, please return an adopted copy of this action and two (2) original executed copies of this amendment to the Sheriff's Department's Contracts Unit.

Sincerely,



LEROY D. BACA  
SHERIFF

COUNTY OF LOS ANGELES

AMENDMENT NO. 2 TO AGREEMENT NUMBER 74784 FOR  
OUT-PATIENT END STAGE RENAL DIALYSIS (ESRD) SERVICES  
WITH DVA HEALTHCARE RENAL CARE, INCORPORATED  
FORMERLY GAMBRO HEALTHCARE INCORPORATED

This Amendment Number 2 ("Amendment") is entered into by and between the County of Los Angeles (hereinafter "County") and DVA Healthcare Renal Care, Incorporated, a Nevada corporation (hereinafter "Contractor"), a subsidiary of DaVita, Incorporated effective as of October 1, 2005, based on the following recitals:

- A. WHEREAS, on March 16, 2004, the County and Gambro Healthcare, Incorporated (hereinafter "Gambro") entered into County Agreement Number 74784 (hereinafter "Agreement") to provide inmate Out-Patient End Stage Renal Dialysis (ESRD) Services; and
- B. WHEREAS, in December 2004, DaVita, Incorporated entered into a Stock Purchase Agreement with Gambro AB and Gambro, Incorporated to purchase one hundred percent (100%) of Gambro Healthcare, Incorporated's outstanding shares, a transaction that was completed in October 2005. As such, this Agreement shall inure to the benefit of and be binding upon DaVita, Incorporated; and
- C. WHEREAS, the Sheriff of the County of Los Angeles has determined that DVA Healthcare Renal Care, Incorporated is a competent contractor to provide the services required by this Agreement; and
- D. WHEREAS, DVA Healthcare Renal Care, Incorporated shall be referred to hereinafter as Contractor.

NOW THEREFORE, in consideration of the foregoing recitals, all of which are incorporated as part of this Agreement, County and Contractor hereby further agree as follows:

- 1. Wherever the name "Gambro Healthcare, Incorporated" appears in the Agreement, it shall be amended and interpreted to read "DVA Healthcare Renal Care, Incorporated" and wherever the word "Contractor" appears in the Agreement, it shall be interpreted to mean "DVA Healthcare Renal Care, Incorporated" effective as of October 1, 2005.
- 2. Amend Subparagraph 13.1 (Contractor's Project Director) of the Agreement as follows:

Contractor's Project Director shall be a full-time employee of Contractor, and is designated as follows:

Rich Seebold, Regional Vice President  
DaVita Inc.  
4445 Riverside Drive  
Chino, California 91710

Telephone (909) 628-0590  
Fax: (909) 628-2670  
Email: Rich.Seebold@davita.com

3. Amend Subparagraph 13.2 (Contractor's Project Manager) of the Agreement as follows:

Contractor's Project Manager is designated as follows:

Niki Fafoutis  
Regional Director  
DaVita Inc.  
4632 West Century Boulevard  
Inglewood, California 90304

Telephone: (323) 219-6252  
Fax: (303) 209-7859  
Email: Niki.Fafoutis@davita.com

Except as expressly provided in this Amendment Number 2 all other provisions and conditions of the Agreement shall remain the same and in full force and effect.

Contractor and the person executing Amendment Number 2 on behalf of Contractor hereby represent and warrant that the person executing the Amendment for Contractor is an authorized agent who has actual authority to bind Contractor to each and every term, condition, and obligation of the Agreement and that all requirements of the Contractor have been fulfilled to provide such actual authority.

LOS ANGELES COUNTY

AMENDMENT NO. 2 TO AGREEMENT 74784

**IN WITNESS WHEREOF**, the parties hereto have caused this Amendment Number 2 to the Agreement to be executed by its duly authorized officers, effective October 1, 2005.

COUNTY OF LOS ANGELES

By: \_\_\_\_\_  
Mayor, County of Los Angeles

ATTEST:  
VIOLET VARONA-LUKENS  
Executive Officer-Clerk of the  
Board of Supervisors

By: \_\_\_\_\_  
Deputy

CONTRACTOR  
DVA HEALTHCARE RENAL CARE, INC.


By:  \_\_\_\_\_

Name: Robert Badal

Title: V.P. Payor Contracting

Date: 1/5/04

APPROVED AS TO FORM:  
RAYMOND G. FORTNER, JR.  
County Counsel

By:  \_\_\_\_\_ Date: 12/21/05  
Gary Gross  
Principal Deputy County Counsel

DEAN HELLER  
*Secretary of State*

RENEE L. PARKER  
*Chief Deputy  
Secretary of State*

PAMELA RUCKEL  
*Deputy Secretary  
for Southern Nevada*

STATE OF NEVADA



OFFICE OF THE  
SECRETARY OF STATE

CHARLES E. MOORE  
*Securities Administrator*

SCOTT W. ANDERSON  
*Deputy Secretary  
for Commercial Recordings*

ELICK HSU  
*Deputy Secretary  
for Elections*

Certified Copy

October 7, 2005

Job Number: C20051007-1612  
Reference Number: 00000435652-95  
Expedite:  
Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
20050468759-86	Amendment	1 Pages/7 Copies



Respectfully,

A handwritten signature of Dean Heller in cursive script.

DEAN HELLER  
Secretary of State

By

A handwritten signature in cursive script, likely belonging to the Certification Clerk.

Certification Clerk

Commercial Recording Division  
202 N. Carson Street  
Carson City, Nevada 89701-4069  
Telephone (775) 684-5708  
Fax (775) 684-7138



DEAN HELLER  
Secretary of State  
204 North Carson Street, Suite 1  
Carson City, Nevada 89701-4299  
(775) 634-8708  
Website: secretaryofstate.biz

Entity #  
63658-1975  
Document Number  
20050468759-86

Date Filed:  
10/7/2005 11:41:05 AM  
In the office of

*Dean Heller*

Dean Heller  
Above Space Secretary of State

Important: Read attached instructions before completing form.

**Certificate of Amendment to Articles of Incorporation**  
**For Nevada Profit Corporations**

(Pursuant to NRS 78.385 and 78.390 - After Issuance of Stock)

1. Name of corporation:

GAMBRO HEALTHCARE RENAL CARE, INC.

2. The articles have been amended as follows (provide article numbers, if available):

FIRST: The name of the corporation is: DVA HEALTHCARE RENAL CARE, INC.

3. The vote by which the stockholders holding shares in the corporation entitling them to exercise at least a majority of the voting power, or such greater proportion of the voting power as may be required in the case of a vote by classes or series, or as may be required by the provisions of the articles of incorporation have voted in favor of the amendment is: 100%

4. Effective date of filing (optional):

and not be later than 83 days after the certificate is filed.

5. Officer Signature (required):

*[Signature]*

If any proposed amendment would alter or change any preference or any relative or other right given to any class or series of outstanding shares, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of shares representing a majority of the voting power of each class or series affected by the amendment regardless of limitations or restrictions on the voting power thereof.

**IMPORTANT:** Failure to include any of the above information and submit the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees. See attached fee schedule.

Nevada Secretary of State RM 78.385 Amended 2004  
Revised on 11/03/03



October 6, 2005

P.O. Box 2076  
Tacoma, WA 98401-2076  
1423 Pacific Ave.  
Tacoma, WA 98402  
Tel: (253) 272-1916

Via Certified Mail  
Return Receipt Requested  
Receipt #: 70050390000341724072

Captain Rodney Penner  
Director  
Los Angeles Sheriff's Department  
Twin Towers Correctional Facility, 450 Bauchet Street, Ste E 873  
Los Angeles, CA 90012

Re: Notice of Acquisition of Dialysis Centers

Dear Captain Rodney Penner:

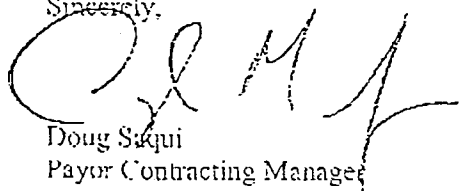
DaVita Inc. is pleased to announce the acquisition of Gambro Healthcare, Inc. and its dialysis centers, effective October 1, 2005. Pursuant to the terms of this stock acquisition, please note that Gambro Healthcare, Inc. and its subsidiaries will continue to exist as the same corporate entities, although under new parent corporation DaVita Inc. Specifically, with respect to the Gambro centers, the legal entity ownership, tax identification numbers, physical locations of the centers, Medicare provider numbers, and most other characteristics will remain unchanged. The only notable changes will be to the center names and the names of the Gambro legal entities with direct ownership over the centers.

Attachment A to this letter ("Acquired Centers") lists those centers under the current dialysis services agreement, dated 4/1/2004, between Los Angeles Sheriff's Department and DVA Renal Healthcare, Inc. (d/b/a Gambro Healthcare, Inc.), and contains each center's tax identification number, new center name, physical location address, and remit-to address. Also enclosed, please find copies of relevant supporting documentation for your records, including current IRS Form W-9 documents.

If a credentialing application must be completed as a result of the name changes, please e-mail me the required documents. To avoid incurring non-contracted provider service charges, and to minimize your members' out-of-pocket expense, your prompt attention and consideration to this notice is greatly appreciated.

If you require additional information or have further questions regarding this matter, please do not hesitate to contact me at (253) 207-5333 or by e-mail at [doug.saqui@davita.com](mailto:doug.saqui@davita.com).

Sincerely,



Doug Saqui  
Payor Contracting Manager

Enclosure(s)

CC: Robin Warren, Director, Payor Contracting  
Re: Contract #1254

*Attachment A*

*Facility Name Change Notification Letter*

*Los Angeles Sheriffs Department (LASD)*

*Tax ID*

*DaVita Facility Address*

*Facility Remit To Address*

95-2977916

Burbank Dialysis

1211 North San Fernando Boulevard  
Burbank CA 9150

P.O. Box 532410  
Atlanta GA 30353

CAM  
5021 CA 4021Form **W-9**  
(Rev. October 2004)  
Department of the Treasury  
Internal Revenue Service**Request for Taxpayer  
Identification Number and Certification**Give form to the  
requester. Do not  
send to the IRS.

See Specific Instructions on page 2

Name (as reported on your income tax return)

**DVA Healthcare Renal Care, Inc.**

Business name, if different from above

**Burbank Dialysis**Check appropriate box ☐ Individual/  
Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ▶☐ Exempt from backup  
withholding

Address (number, street, and apt. or suite no.)

**P. O. Box 532410**

Requester's name and address (optional)

City, state, and ZIP code

**Atlanta, GA 30353-2410**

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

**95-2977916****Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign  
HereSignature of  
U.S. person ▶

Date ▶

**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- an individual who is a citizen or resident of the United States,
- a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• any estate (other than a foreign estate) or trust. See Regulation section 301.7701-6(a) for additional information.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities). **Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.